

Supplemental Digital Appendix 1

Post-Visit Survey Completed by Residents at a Primary Care Outpatient Practice at Weill Cornell Medical College, 2011-2012

Thank you for participating in the Bridge pilot. Please take a few minutes to complete the following questionnaire. Your input is very important.

1. Was the discharge summary available at the time of the bridge appointment?

☐ Yes

☐ No

2. Did you need to access the inpatient chart to get information beyond the discharge summary?

☐ Yes

☐ No ***If No, go to question 3***

If Yes, please indicate what additional information was needed:

3. Did you identify issues with medication reconciliation?

☐ Yes

☐ No ***If No, go to question 4***

If Yes, what were the issues? (Can select more than one):

☐ Duplicate medications (e.g. simvastatin and atorvastatin)

☐ Home medication missing

☐ Unnecessary medications (e.g. PPI without indication)

☐ Other

4. Is the patient taking the discharge medications as instructed?

☐ Yes *If Yes, go to question 5*

☐ No

If No, please indicate the reason (Can select more than one):

☐ Patient did not understand the directions regarding the discharge medications

☐ Patient did not want to take the discharge medications

☐ Medication was not covered by patient's insurance

☐ Patient could not get to the pharmacy

☐ Prescription was written incorrectly

☐ Other

5. Did you change or add medications today?

☐ Yes

☐ No

6. Did you change clinical management today?

☐ Yes

☐ No

7. Rank the **TOP 3** items that you spent time on during the bridge appointment (**1 = most time spent**):

_____ Medical evaluation of the discharge problem

_____ Medical evaluation of a new problem

_____ Teaching the patient about his or her medications

_____ Teaching the patient about his or her discharge disease

_____ Fixing errors in the medication list

_____ Arranging follow up appointments/tests for the patient

_____ Reviewing the discharge summary

_____ Reviewing the inpatient chart

_____ Speaking with an inpatient provider

_____ Other

8. In your opinion, if this patient had not seen a doctor within 96 hours of discharge, would he or she likely need emergency or hospital care?

☐ Yes

☐ No

9. Any other feedback about the patient or this program?

Thank you!

Please PRINT this form and hand it in to your PIC.